Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ O minus 20=		· Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			7 minus 3 =		9			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column, it is less than zero, enter					r "0" in c	olumn 2	<u> </u>	TOTAL		OR	TOTAL	7(0
	C	LAIMS AS A	MENDED) - PART II							OTHER	
		(Column 1) CLAIMS	are as medical electrical and	(Colu		(Column 3)		SMALL E		OR I I	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
	FINOT FRESE	INTATION OF W	OLTIPLE DEP	ENDEN	CLAIIVI			+135=		OR	+270=	
							_	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	AU	DDIT. FEE		• .	AUDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	35	HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	F O! 4***	=	十	X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+135=			+270=	
							L	TOTAL		OR	TOTAL	
								DIT. FEE		OR	ADDIT. FEE	.
		(Column 1) CLAIMS		(Colu	mn 2) IEST	(Column 3)					-	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u></u>	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIRA	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						-	+135=		OR	+270=	
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL	
***	If the "Highest Nu	mber Previously Pa mber Previously Pa mber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."		DIT. FEE L I in the app	ropriate box	•	ADDIT. FEE umn 1.	